



ROSS MILLER
Secretary of State
206 North Carson Street
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Articles of Incorporation Professional Corporation

(PURSUANT TO NRS CHAPTER 89)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation: (see instructions)			
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ Name		
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)		
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity		
	Street Address	City	Nevada _____ Zip Code
	Mailing Address (if different from street address)	City	Nevada _____ Zip Code
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: _____	Par value per share: \$ _____	Number of shares without par value: _____
4. Names and Addresses of the Directors/Trustees and Stockholders: IMPORTANT: a) A certificate from the regulatory board showing that each individual is licensed at the time of filing with this office must be presented with this form. b) Each Director/Trustee, Stockholder and Incorporator must be a licensed professional.	1) _____ Name		
	Street Address _____ City _____ State _____ Zip Code _____		
	2) _____ Name		
	Street Address _____ City _____ State _____ Zip Code _____		
	3) _____ Name		
	Street Address _____ City _____ State _____ Zip Code _____		
5. Purpose: (see instructions)	The purpose of this corporation shall be: _____		
6. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	Name _____ X _____ Incorporator Signature		
	Address _____ City _____ State _____ Zip Code _____		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date _____		

This form must be accompanied by appropriate fees.